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CONFIRMATION NO. 2063

<b>SERIAL NUMBER</b> 10/755,422	<b>FILING OR 371(c) DATE</b> 01/12/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> D0188.70144US00
<b>APPLICANTS</b> Michael Lewis Frimer, Richmond, CANADA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/446,257 02/11/2003 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/14/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 27
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> AIR MAIL Michael Lewis Frimer, M.D. 150-6180 Blundell Road, Richmond British Columbia, V7C 4W7 CANADA				
<b>TITLE</b> Implantable prosthesis and method of use				
<b>FILING FEE RECEIVED</b> 1026	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	